

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO. _____ FILING DATE _____
APPLICANT(S) _____

| | AS FILED | | AFTER 1ST AMENDMENT | | AFTER 2ND AMENDMENT | | CLAIMS |
|--------------|----------|-----|------------------------|-----|------------------------|-----|--------|
| | IND | DEP | IND | DEP | IND | DEP | |
| 1 | 1 | | | | | | |
| 2 | | 1 | | | | | |
| 3 | | 1 | | | | | |
| 4 | | 1 | | | | | |
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| TOTAL IND. | 7 | | | | | | |
| TOTAL DEP. | | | | | | | |
| TOTAL CLAIMS | 24 | 2 | 2 | 2 | 2 | 2 | |

| CLAIMS | IND | DEP | IND | DEP | IND | DEP |
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| TOTAL IND. | | | | | | |
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| TOTAL CLAIMS | | | | | | |